



Planning & Zoning Department

Comprehensive Plan Amendment Checklist

Nonrefundable Fee: **\$950.00** (map amendment) **\$450.00** (text amendment)

Staff Use Only

Project Name: _____

File Number: _____ Received date: _____

A pre-application meeting or discussion with a member of Planning and Zoning staff is required prior to submitting your application.

Did you discuss this application with a planner? Yes No

Date of Pre-App Meeting/Discussion: ____/____/____ Type (in person, phone, email, etc.) _____

Please provide the following required documentation to complete the application. Applications should be submitted through the Citizen Self Service (CSS) portal online. Instructions can be found on our website cityofnampa.us/255/Planning-Zoning under the *Apply for a Planning Permit* link.

Applicant	Staff	Description
A copy of <u>ONE</u> of the following		
		A recorded warranty deed for the property
		Proof of option
		Earnest money agreement
One copy of <u>EACH</u> of the following		
		Signed & Notarized Affidavit of Legal Interest. Form must be completed by the legal owner (if the owner is a corporation, submit a copy of the Articles of Incorporation or other evidence to show that the person signing is an authorized agent)
		A Professional Land Surveyor or Engineer verified <u>original legal description</u> of property. <ul style="list-style-type: none"> • If the legal description provided is not clean and legible, a retyped Microsoft Word formatted document must be submitted.
		Narrative fully describing the requested zoning, the reason for the proposed amendment, and the land use changes that will be involved.
		Associated fees
		Master Application form

If this application is for a change of plain text complete the following:

State (or attach a letter stating) the text change requested, the page numbers in the plan, the reason for the proposed changes and why they would be in the interest of the public (attach the full text of the proposed amendment, as necessary): _____



Planning & Zoning Department

Master Application

Staff Use Only

Project Name: _____

File Number: _____

Related Applications: _____

Type of Application

- | | |
|---|--|
| <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Legal Non-Conforming Use |
| <input type="checkbox"/> Annexation/Pre-Annexation | <input type="checkbox"/> Planned Unit Development/MPC |
| <input type="checkbox"/> Appeal | <input type="checkbox"/> Subdivision |
| <input type="checkbox"/> Design Review | <input type="checkbox"/> Short |
| <input type="checkbox"/> Comprehensive Plan Amendment | <input type="checkbox"/> Preliminary |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Final |
| <input type="checkbox"/> Multi-Family Housing | <input type="checkbox"/> Condo |
| <input type="checkbox"/> Development Agreement | <input type="checkbox"/> Temporary Use Permit |
| <input type="checkbox"/> Modification | <input type="checkbox"/> Fireworks Stand |
| <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Daycare | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Kennel License | <input type="checkbox"/> Staff Level |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Zoning Map/Ordinance Amendment (Rezone) |
| <input type="checkbox"/> Mobile Home Park | <input type="checkbox"/> Other: _____ |

You must attach any corresponding checklists with your application or it will not be accepted

Applicant Name: _____ Phone: _____

Applicant Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Interest in property: Own Rent Other: _____

Owner Name: _____ Phone: _____

Owner Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Contractor Name (e.g., Engineer, Planner, Architect): _____

Firm Name: _____ Phone: _____

Contractor Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Subject Property Information

Address: _____

Parcel Number(s): _____ Total acreage: _____ Zoning: _____

Type of proposed use: Residential Commercial Industrial Other: _____

Project/Subdivision Name: _____

Description of proposed project/request: _____

Proposed Zoning: _____ Acres of each proposed zone: _____

Development Project Information (if applicable)

Lot Type	Number of Lots	Acres
Residential		
Commercial		
Industrial		
Common (Landscape, Utility, etc.)		
Right of Way (internal roadways, ROW to be dedicated, etc.)		
Qualified Open Space		
Total		

Please answer all questions that are relevant to your project

Minimum square footage of structure: _____ Maximum building height: _____

Minimum property size (s.f.): _____ Average property size (s.f.): _____

Gross density: _____ Net density: _____

Type of dwelling proposed: Single-family Detached Single-family Attached

Duplex Multi-family Condo Other: _____

Proposed number of units: _____

Total number of parking spaces provided: _____

% of qualified open space: _____

Additional information may be requested after submittal.

Authorization

Print applicant name: _____

Applicant signature: _____ Date: _____

City Staff

Received by: _____ Received date: _____



City of Nampa

PLANNING and ZONING DEPARTMENT

OFFICE (208) 468-5484

CITY HALL

411 THIRD STREET SO.

NAMPA, IDAHO 83651

FAX (208) 465-2261

AFFIDAVIT OF LEGAL INTEREST

STATE OF IDAHO)
 :SS
 COUNTY OF CANYON)

A. I, _____, whose address is _____, being first duly sworn upon oath, depose and say that I am the owner of record of the property described on the attached application.

B. I grant my permission to _____, whose address is _____, to submit the accompanying application pertaining to the property described on the attached application.

C. I agree to indemnify, defend and hold the City of Nampa and its employees harmless from any claim or liability resulting from any dispute as to the statements contained herein or as to the ownership of the property which is the subject of the application.

Dated this _____ day of _____, _____.

Signature

SUBSCRIBED AND SWORN to before me the ____ day of _____, _____.

Notary Public for Idaho
Residing at: _____
Commission Expires: _____